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Fiscal Note Memorandum

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April 18, 2022

TO: House Appropriations Committee

FROM: Erin Reynolds, Principal Fiscal Analyst

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SUBJECT: Fiscal Assessment of Proposed Amendment L.005 to House Bill 22-1289

This memorandum is an assessment of the fiscal impact of the attached proposed Amendment L.005 to House Bill 22-1289. This fiscal assessment is for the impact of the bill with inclusion of this amendment <u>only</u>. Any other added amendment could influence the fiscal impact.

Summary of Proposed Amendments

Amendment L.005 delays the implementation of services — including Medicaid and CHP+ lookalike coverage for pregnant women and children regardless of immigration status — to no later than January 1, 2025. The bill's provisions regarding breast pump and lactation consulting coverage for all Medicaid and CHP+ members take effect upon signature of Governor.

The amendment also allows HCPF to have over-expenditure authority for the lookalike programs parallel to the authority the department has for Medicaid and CHP+ programs. HCPF is required to use a cash system of accounting for the program. Finally, the amendment modifies SMART Act reporting requirements to require program implementation reporting through 2025, then program cost savings and health improvement reporting beginning 2026 and each year thereafter.

Fiscal Impact of Amendment

The primary fiscal impact of Amendment L.005 is the pushing out of the implementation date for lookalike benefit programs to no later than January 1, 2025. This shifts most implementation costs to FY 2023-24.

Bill's Revised Fiscal Impact with Amendment

Table 1 on the following page shows the impact of the HB 22-1289 with Amendment L.005. In addition, Table 2 provides a detailed expenditure breakdown by agency and Table 3 outlines service costs. Costs are unchanged for the CDPHE. Costs in the memorandum have also been updated to include new information on Health Services Initiative funding, the impact for which is assumed to begin in FY 2023-24, and require a 35 percent General Fund match.

State appropriation. As amended, the bill requires \$730,571 General Fund and \$885,482 federal funds to HCPF and 5.1 FTE. The bill also requires an appropriation of \$423,626 General Fund to the CDPHE and 2.5 FTE.

Table 1
State Fiscal Impacts Under HB 22-1289_L.005

		Budget Year FY 2022-23	Out Year FY 2023-24	Out Year FY 2024-25	Out Year FY 2025-26
Revenue		-	-	-	-
Expenditures	General Fund	\$1,154,197	\$4,988,292	\$3,813,368	\$9,974,467
	Federal Funds	\$885,482	\$6,852,170	\$7,210,928	\$16,736,557
	Centrally Appropriated	\$133,468	\$230,169	\$252,364	\$245,799
	Total Expenditures	\$2,173,147	\$12,070,631	\$11,276,660	\$26,956,823
	Total FTE	7.6 FTE	12.8 FTE	13.2 FTE	13.7 FTE
Transfers		-	-		
Other Budget	General Fund Reserve	\$173,130	\$748,244	\$572,005	\$1,496,170

Table 2 Expenditures Under HB 22-1289_L.005

Cost Components	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	
Department of Health Care Policy and Financing					
Personal Services	\$440,320	\$919,207	\$1,021,428	\$992,914	
Operating Expenses	\$7,155	\$14,175	\$15,525	\$14,850	
Capital Outlay Costs	\$43,400	\$24,800	\$6,200	-	
Service Costs (see Table 3)	\$375,178	\$568,660	\$17,300,270	\$34,916,034	
Service Savings (see Table 3)	-	(\$5,046,187)	(\$20,435,685)	(\$20,700,316)	
MMIS Programming	-	\$3,114,696	\$2,612,463	-	
CBMS Programming	-	\$122,463	\$573,909	-	
Actuarial Contractor	-	\$250,000	-	-	
Outreach Costs	\$750,000	\$750,000	\$750,000	\$750,000	
County Support	-	\$125,000	\$221,227	\$189,022	
Health Services Initiatives	-	\$10,398,715	\$8,349,675	\$9,928,371	
Centrally Appropriated Costs	\$90,608	\$183,684	\$205,879	\$199,314	
FTE – Personal Services	5.1 FTE	10.1 FTE	11.4 FTE	11.0 FTE	
HCPF Subtotal	<u>\$1,706,660</u>	<u>\$11,425,213</u>	<u>\$10,620,892</u>	\$26,290,189	
General Fund	\$730,571	\$4,389,358	\$3,204,086	\$9,354,318	
Federal Funds	\$885,482	\$6,852,170	\$7,210,928	\$16,736,557	
Centrally Appropriated	\$90,608	\$183,684	\$205,879	\$199,314	

Table 2 Expenditures Under HB 22-1289_L.005 (Cont.)

Cost Components	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	
Department of Public Health and Environment					
Personal Services	\$198,560	\$216,611	\$216,611	\$216,611	
Operating Expenses	\$3,645	\$3,645	\$3,645	\$3,645	
Capital Outlay Costs	\$18,600	-	-	-	
Survey Materials and Postage	\$34,403	\$36,124	\$37,930	\$39,826	
Software and Licenses	\$6,207	\$6,232	\$6,259	\$6,287	
Participant Incentives	\$162,211	\$170,322	\$178,838	\$187,780	
Centrally Appropriated Costs	\$42,860	\$46,485	\$46,485	\$46,485	
FTE – Personal Services	2.5 FTE	2.7 FTE	2.7 FTE	2.7 FTE	
CDPHE Subtotal	\$466,486	\$479,419	\$489,768	\$500,634	
Department of Human Services					
Computer Programming	-	\$166,000	\$166,000	\$166,000	
DHS Subtotal	-	\$166,000	\$166,000	\$166,000	
Total	\$2,173,147	\$12,070,631	\$11,276,660	\$26,956,823	
Total FTE	7.6 FTE	12.8 FTE	13.2 FTE	13.7 FTE	

Table 3
Estimated Service Costs and Savings Under HB 22-1289_L.005

Service Costs	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
Non-Citizen Pregnant Adult Medicaid	-	-	\$9,413,010	\$19,514,304
Non-Citizen Pregnant Adult CHP+	-	-	\$804,313	\$1,635,438
Non-Citizen Postpartum Adult Medicaid	-	-	\$3,909,198	\$7,919,640
Non-Citizen Postpartum Adult CHP+	-	-	\$249,940	\$506,095
Non-Citizen Children State-only Medicaid	-	-	\$976,234	\$2,020,865
Non-Citizen Children State-only CHP+	-	-	\$1,126,430	\$2,339,998
Breast Pumps Medicaid	\$322,138	\$495,256	\$620,108	\$745,421
Breast Pumps CHP+	\$53,040	\$73,404	\$82,435	\$92,771
Lactation Support Services Medicaid	-	-	\$104,685	\$125,840
Lactation Support Services CHP+	-	-	\$13,916	\$15,661
Total Service Costs	\$375,178	\$568,660	\$17,300,270	\$34,916,034
General Fund	\$179,633	\$273,319	\$7,530,545	\$15,185,862
Federal Funds	\$195,5 4 5	\$295,340	\$9,769,725	\$19,730,172
Service Savings				
EMS Savings from Non-Pregnant Adults	-	(\$5,046,187)	(\$20,435,685)	(\$20,700,316)
Total Service Savings	-	(\$5,046,187)	(\$20,435,685)	(\$20,700,316)
General Fund	-	(\$2,523,094)	(\$10,217,843)	(\$10,350,158)
Federal Funds	-	(\$2,523,094)	(\$10,217,842)	(\$10,350,158)